Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.	VI		
		HAL026052	B. WING		04/2	7/2016
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	PINES ADULT CARE		RIEL DRIVE VILLE, NC 2	28306		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Strickland on 04/27					
	Records indicate that this facility was licensed on 01/01/1979 as a Home for the Aged for a capacity of (23) Twenty- Three Residents. Based on the above information, the facility was surveyed under the 1978 North Carolina State Building Code - Section 409- Institutional Occupancy; the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm; and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds.					
	Deficiencies have be Correction is require	een cited and a Plan of ed.				
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	es shall: ings, and floors or floor n and in good repair;				
	maintained in a safe the plumbing clean	et as evidenced by: ation, the facility has not e and operating condition of outs. This could affect all ig hazards in the paths of				
	Findings on 04/27/2 There is a floor more	2016: unted plumbing clean-out that				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

DIVISION	of Health Service INC	guiation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: <b>01</b>		COMPLETED		
		HAL026052	B. WING		04/2	7/2016
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	PINES ADULT CARE		RIEL DRIVE			
		FAYETTE	VILLE, NC 2	28306		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
C 164	Continued From pa	ge 1	C 164			
		e base and present a trip				
	hazard located outs	ide Room 5.				
C 166	Housekooning Mair	ntained Free of Hazards	C 166			
C 100	i iousekeepirig-iviair	nameu Free or Hazarus	0 100			
	SECTION .0300 - F					
	10A NCAC 13F .03 FURNISHINGS	06 HOUSEKEEPING AND				
	(a) Adult care home	es shall:				
		n an uncluttered, clean and				
	orderly manner, free of all obstructions and					
	hazards; (e) This Rule shall apply to new and existing					
	facilities.	apply to new and existing				
	This Rule is not met as evidenced by:					
		ation, the facility has not e and operating condition of				
		ls. This could affect all				
		ing grasping support for				
	stability of a resider	nt.				
	Findings on 04/27/2	2016:				
		ils are loose at the following				
	locations:	· ·				
	(a) Outside the Med	I Room				
	(b) Room 19					
		ation, the facility has not				
		e and operating condition of				
		Bathrooms. This could affect upting grasping support for				
	stability of a resider					
	•					
	Findings on 04/27/2					
	Room accross the l	loose located in the Shower				
	. 130111 4001000 1110 1	IGH HOM ROOM II				
	4-Based on observa	ations, the facility has failed to				

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION  01	(X3) DATE COMP	SURVEY LETED
		HAL026052	B. WING		04/2	7/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	PINES ADULT CARE		RIEL DRIVE VILLE, NC 2	2206		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY)	D BE	(X5) COMPLETE DATE
C 166	Continued From pa	ge 2	C 166			
	maintain the exterio	or wood trim and finishes.				
	locations at the from	2016: rotten at a number of it and rear of the facilty. Also, peeling at all the finish trim				
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	illumination has not manner. This woul visitings guests by i	et as evidenced by: ations, the facility emergency been maintained in a safe d affect all residents, staff and not providing illumination in the he event of an emergency.				
	0,0	nting pack did not illuminate emergency mode that are				
	maintained in a safe smoke detection de from the room of or	ation, the facility has not e and operating condition the evices for fire and/or smoke igin. This could affect all in the event of a fire.				

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KQFD21 If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
		HAL026052	B. WING		04/2	27/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
VALLEY	PINES ADULT CARE		RIEL DRIVE	9206		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	VILLE, NC 2  ID  PREFIX  TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 3	C 189			
	Findings on 04/27/2 The heat detector lo damaged.	2016: ocated in the Linen Closet is				
	maintained in a safe one-hour roof/ceiling and/or smoke from	ation, the facility has not e condition penetrations in the g assembly that prevent fire spreading into the attic. This dents and staff in the event of				
		ss panel that is located outside a has openings at each corner				
	maintained in a safe sidewalk paths arou	ation, the facility has not e condition the concrete and the perimeter. This could and staff while walking outside				
	Findings on 04/27/2 There is a 4" drop-o landing to grade in	off from the front door concrete				
	provided access to	ation, the facility has not fire detection devices. This dents and staff in the event of				
	access panels for s	ampling tubes do not have ervice for each furnace that lechanical Room located at				
		ation, the facility has failed to lition for supporting gas supply				

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		HAL026052	B. WING		04/2	7/2016
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
VALLEY	PINES ADULT CARE		RIEL DRIVE Ville, NC 2	28306		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 4	C 189			
	lines. This could af the event of a fire.	fect all residents and staff in				
	furnace to the right- supported from the	oly line from the left-hand side hand side furnace is not ceiling for a distance of 36" e Mechanical Room located at				

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